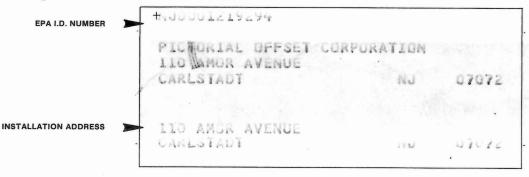


ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

01/17/09

United States Environmental Protection Agency Washington, DC 20460

SEPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

Notification of Hazardot	and Recovery Act).					
For Official Use Only Comments						
C						
	Date Received					
Installation's EPA ID Number	Approved (yr. mo. day)					
FNID001219294	1 8 8 1 2 2 3					
1. Name of Installation						
PICTURIAL OFF.	ET CORPORATION					
II. Installation Mailing Address						
Street	or P.O. Box					
3/10 AMOR AUE						
City or Town	State ZIP Code					
4 CARLSDADI						
III. Location of Installation Street or Route Number						
E C A a A C						
5 DAN C	State ZIP Code					
C C A 60 E						
6 V. Installation Contact						
Name and Title (last, first, and job title) Phone Number (area code and number)						
<u>c</u>						
V. Ownership						
A. Name of Installation's Legal Own	er B. Type of Ownership <i>(enter code</i>					
R						
VI. Type of Regulated Waste Activity (Mark 'X' in the a						
A. Hazardous Waste Activity B. Used Oil Fuel Activities 1a. Generator 1b. Less than 1,000 kg/mo. 6. Off-Specification Used Oil Fuel						
☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo. ☐ 2. Transporter	(enter 'X' and mark appropriate boxes below)					
3. Treater/Storer/Disposer a. Generator Marketing to Burner						
4. Underground injection 5. Market or Burn Hazardous Waste Fuel C. Burner						
(enter 'X' and mark appropriate boxes below)						
☐ a. Generator Marketing to Burner ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification						
C. Burner						
VII. Waste Fuel Burning: Type of Combustion Device (e which hazardous waste fuel or off-specification used oil fuel is burned	nter 'X' in all appropriate boxes to indicate type of combustion device(s) in See instructions for definitions of combustion devices.)					
A. Utility Boiler B. Industrial Boiler C. Industrial Furnace						
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)						
☐ A. Air ☐ B Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)						
IX. First or Subsequent Notification						
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.						
C. Installation's EPA ID Number						
A. First Notification						

			ID — For Official Use Only				
			<u>C</u>		T/A C		
X. Description of Haz	zardous Wastes /o		W		1		
A. Hazardous Wastes from from nonspecific sources	Nonspecific Sources	Enter the four-digit num	er from 40 CER Part 261	.31 for each listed I	nazardous waste		
1	2	3	T 4 T T	5	6		
					7		
7	8	9	10	11	12		
B. Hazardous Wastes from	Specific Sources. Ent	er the four-digit number	from 40 CFR Part 261.32 I	for each listed naza	rdous waste from		
specific sources your ins		T		The state of the s			
13	14	15	16		18		
19	20	21	22	23	24		
25	26	27	28	29	30		
C. Commercial Chemical P your installation handles	Product Hazardous War	stes. Enter the four-digit	number from 40 CFR Part	261.33 for each ch	remical substance		
31	32	33	34	25	_r		
				35	36		
37	38	39	40	41	42		
43	44	45	46	47	48		
D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.							
49	50	51	52	53	54		
E. Characteristics of Nonlis your installation handles.	sted Hazardous Wastes (See 40 CFR Parts 261	. Mark 'X' in the boxes c	orresponding to the charac	cteristics of nonliste	ed hazardous wastes		
1. Ignitable (D001)	Ċ	2 "2k", rasiva 16002)	3. Reactive		4 Toxic		
XI. Certification	APPENDEN	100021	(D003)		(D000)		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, Thelieve that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment.							
Signature Name and Official Title (type or print) Date Signed							
EPA Form 8700-12 (Rev. 11-85) Reverso							

PERMITS ADMINISTRATION

1388 DEC 53 BN 1: #2

MEALLOBE IN CORRESPONDED AND CORRECT OF SECOND LINES AND C

NJ0001219294 N-340

December 20, 1988

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Region II
Permits Administration Branch
26 Federal Plaza - Room 432
New York, New York 10278

To Whom It May Concern,

Please find enclosed my application for a EPA Waste Permit Number.

Thank you.

Yours truly,

Lester F. Samuels

Executive Vice President

Enc.

LFS:hae

PERMITS AUMINISTRATION BRANCH

1888 DEC 53 bN 1: 02

NEW YORK, N.Y. VOENCY, RECON TI 1811 BENNEWLE EROLECTION